

North Carolina Department of Agriculture and Consumer Services

SEED TEST REQUEST FORM

FROM:

NAME	
ADDRESS	
PHONE	
FAX	
E-MAIL	

SEND REPORT(S) TO THE FOLLOWING:

NAME	
ADDRESS	

NAME	
ADDRESS	

NAME	
ADDRESS	

SAMPLES:

KIND	VARIETY	LOT#	NEW/CARRYOVER	P	G	T Z	SPECIAL TESTS

SAMPLES:

[illegible]

Please list Treatments (fungicide/insecticide) used and any special concerns or circumstances related to any of these samples.